



RECEIVE

MAY 23 2003

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66797-117 (P-IX 4692)	
SERIAL NO: 09/839,469	FILING DATE: April 20, 2001	EXAMINER: M. Baker	GROUP ART UNIT: 1639 CONFIRMATION NO.: 2981	
INVENTION: METHOD FOR IDENTIFYING OPTIMAL BINDING LIGANDS TO A RECEPTOR				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 545 785 US

DATE OF DEPOSIT: May 19, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA, 22313-1450.

Rebecca McElroy
Printed Name of Person Mailing Paper or Fee

Rebecca McElroy
Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed November 19, 2002, with Appendix A and Exhibits A through D, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	9	-	20	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPENDENT CLAIMS	1	-	3	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$465.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.